



REQUEST FOR PROFESSIONAL LEAVE

NAME OF EMPLOYEE (Print or Type) _____

DEPARTMENT/PROGRAM _____

DATE OF LEAVE _____ NUMBER OF DAYS _____

REQUEST FOR PROFESSIONAL LEAVE (Attach Agenda)

Professional Meeting (F) _____ Training/Workshop/Conference (T) _____

Name of Training/Workshop _____

Location _____ Sponsor _____

Brief Description of Training/Meeting or Reason for Travel _____

Estimated Costs:

Mileage \$ _____ Meals \$ _____ Lodging \$ _____ Registration \$ _____ Other \$ _____

For employees with approved training plans: Explain how the requested leave fits in with your approved training plan.

(Continue on back of page if extra room is needed.) _____

I hereby agree to repay the county for any unearned leave used in the event I should leave county employment before it is earned. I authorize the county to deduct from my final pay any payment due for any unearned leave used.

Date _____ Employee Signature _____

Date _____ Administrator Signature _____

DEPARTMENT APPROVAL

_____ Approved DEPARTMENT HEAD SIGNATURE DATE

COUNTY COMMISSIONERS' ACTION

_____ Approve _____ Disapprove COMMISSIONER'S SIGNATURE DATE

_____ Approve _____ Disapprove COMMISSIONER'S SIGNATURE DATE

_____ Approve _____ Disapprove COMMISSIONER'S SIGNATURE DATE